

NEW HAMPSHIRE CHAPTER
NATIONAL ASSOCIATION OF SOCIAL WORKERS

4 Chenell Drive, Suite 103, Concord, NH 03301

Date:

Dear _____ :

In response to your request as a program sponsor for information about receiving authorization for Category I credit, we enclose:

- 1) An Application
- 2) Qualifications for programs to be authorized for Category I
- 3) Procedures for applying to NH-NASW
- 4) Requirements for sponsors whose programs are authorized for Category I

NH-NASW's criteria and procedures are based on the Regulations of the NH Board of Mental Health.

WE NEED TO RECEIVE YOUR APPLICATION AT LEAST SIX WEEKS PRIOR TO A PROGRAM IN ORDER TO ALLOW OUR CONTINUING EDUCATION COMMITTEE TIME TO REVIEW YOUR APPLICATION. IF YOU HAVE ANY QUESTIONS REGARDING AN APPLICATION TO THE NH-NASW, PLEASE CALL THE NH-NASW OFFICE AT 226-7135.

Sincerely,

QUALIFICATIONS FOR PROGRAMS TO BE AUTHORIZED FOR CATEGORY I

1. To qualify as a sponsor you must be a) an agency, hospital, clinic, department of social work, college or university, professional organization or other similar body.
2. To qualify for Category I, programs must:
 - A) be taught by qualified instructors. Qualified instructors are those who have expertise in the subject being presented as indicated by their current position or past experience, educational background, publications, previous teaching, etc.
 - B) be clearly described in order that their relevance for advanced clinical social work practitioners may be determined;
 - C) have well-defined objectives;
 - D) have suitable bibliographies. "Bibliographies" refers to reading lists which the sponsor gears to and will distribute to participants to encourage them to pursue their interest in the subject. Lists should be in bibliographic format and while they may vary in the number of references, depending on the subject, length of the program, etc., a minimum of six need to be provided, regardless of CEU's being requested. References submitted must be current and from professional literature. Avoid "self help" or "pop" literature.
 - E) Include a copy of an evaluation form. The evaluation of the program by participants is for the benefit of the sponsors. If there are separate workshops or lectures, the format should allow participants to evaluate the segments individually.
3. To qualify for Category I, programs must NOT be:

Supervision, general staff meetings, orientation, agency or organization improvement, committee meetings, programs focused on participants' personal problems, or self-help or self-improvement programs not specific to social work. In-service training, defined as meetings geared specifically to a particular setting's functions and management are also NOT acceptable for Category I, whereas staff development is. Staff development is defined as information/learning that can be transferred from on social work setting to another.

PROCEDURES FOR APPLYING FOR CATEGORY I AUTHORIZATION

1. APPLICATION: Type information about your programs on the enclosed application form and submit it in three copies to the Continuing Education Committee, NH-NASW, 4 Chenell Drive, Suite 103, Concord, NH 03301, with three copies of a blank evaluation form attached. Apply to only one authorizing body for social work continuing education credit.

If your program basically consists of individual workshops or lectures on a variety of different subjects under a broad general theme such as “Social Issues of the 90’s”, please attach a separate sheet listing each workshop that is relevant to social work. Provide the title of the workshop and, below the title provide information on the following application items: item #6, description; item #7 teaching objectives; item #11, selective references from reading list; and items #13, a,b,c, presenter information.

2. FEES: Enclose the appropriate fee in a check made out to NH-NASW, in accordance with the following fee schedule:

Fees for Completed Applications Sent Together:

1 – 2 CEU’s	\$ 75.00
3 - 5 CEU’s	100.00
6 – 10 CEU’s	125.00
Over 10 CEU’s	150.00

Please call NH Chapter, NASW, 226-7135 if you have any questions RE: appropriate fee.

REQUIREMENTS FOR SPONSORS WHOSE PROGRAMS ARE AUTHORIZED FOR CATEGORY I

AS A SPONSOR YOU ARE REQUIRED TO:

1. Information about continuing education credits, should be included on brochures only after an authorization number has been issued. Appropriate wording is: This program has been approved for _____ Category I Continuing Education hours for licensure. NASW Authorization Number _____.

If a C.E. authorization number has not been secured at the time of printing, the brochure should advise registrants how to contact you and/or other sponsors by telephone and/or mail to find out if an authorization number has been issued. Statements that credit has been “applied for” or is “pending” are not appropriate. Please note that statements that credit has been applied for or is pending, are not a guarantee that authorization will be granted.
2. Issue a certificate of attendance to participants who complete the program, and only to them. You may define what attendance is required to “complete the program”, except in no case may it be less than 80% of the hours specified in your C.E. authorization notice. You may require attendance until the scheduled end of the program. However, NO PARTICIPANT ATTENDING LESS THAN 80% OF A PROGRAM MAY RECEIVE A CERTIFICATE OF ATTENDANCE, WHATEVER THE REASON.
3. Include the following information on the certificate of attendance:
 - a. name and address of the sponsoring organization keeping the continuing education records, as it appears on the authorization form sent by the Continuing Education Committee, NH-NASW.
 - b. Name, address, and social work license number of participant, or place in which licensee can write them.
 - c. Title and date of course as indicated on the application submitted to the Continuing Education Committee, NH-NASW.
 - d. Authorization number, number of contact hours, and NH-NASW as authorizing body
 - e. Signature and title of a representative of sponsoring organization.
4. Limit fees charged for certificates of attendance to what issuance of the certificates actually costs you.
5. Keep a list of social work attendees who completed the program and the evaluation forms or a summary of the compiled results for two years after the following licensure renewal date. Evaluation forms or a summary of the compiled results must be available on request to the Continuing Education Committee, NH-NASW. DO NOT SEND unless requested.

6. If you are a for-profit organization or agency, you may not use any portion of the program to increase the profits of your organization in any way, or to promote or advertise your services or solicit clients, either verbally or through hand-outs.

NOTE: Sponsors are encouraged to offer scholarships and some low fee programs so that their programs are available to social workers with lower income.

ONLY TYPED APPLICATIONS ARE ACCEPTED

CONTINUING EDUCATION APPLICATION FORM

(For Category I Programs)

(Mail THREE (3) Copies and fee; retain one (1) Copy.)

N.H. CHAPTER – N.A.S.W.
4 Chenell Drive, Suite 103
Concord, NH 03301
Telephone (603)226-7135 Fax (603)228-3836

1. Sponsoring Organization _____
2. Title of Program _____
3. Dates of Each Session _____
4. Location _____
5. Program Primarily Geared to Targeted Audience who are being invited to conference
IN-HOUSE STAFF ONLY ()
ADMINISTRATION/SUPERVISON ()
PRIVATE PRACTITIONERS ()
ALL MENTAL HEALTH PRACTITIONERS ()
OTHER _____ ()
Specify
6. Course Description – Which topics will be discussed?
7. Course Objectives – What are the teaching goals?
8. Instructional Methodology
Lecture () Case Presentation () Audiovisual ()
Discussion Groups () Other () _____
Specify

If additional space is needed for items #6 & #7, please continue on back of last page.

9. Did you apply to other authorizing body for social work continuing education credits? Yes _____ No _____
Where? _____
10. 3 Copies of Evaluation Form specific to this program.
(Staple 1 copy to each copy of application form.)
11. Provide at least 6 current books or articles from bibliography to be distributed. Date of publications must be submitted.

12. Fill in exact schedule and total of only instructional hours (exclude registration, lunch, coffee breaks, etc.) on grid to the right. If schedule is repeated exactly more than one day, indicate in second column how many days. If the total of instructional hours (in box) includes a fraction under 1/2 hour, omit that fraction. If more space is needed, copy grid on separate sheet and continue.

Break Time must be included but Cannot count towards instructional Hours.

TIME EACH SESSION	# OF DAYS	INSTRUCT HOURS	Begins	Ends
Begins _____	_____	_____	_____	_____
Ends _____				
Begins _____	_____	_____	_____	_____
Ends _____				
Begins _____	_____	_____	_____	_____
Ends _____				
Begins _____	_____	_____	_____	_____
Ends _____				
<hr/>				
(SAMPLE)				
TIME EACH SESSION	# OF DAYS	INSTRUCT HOURS	Begins	Ends
Begins <u>9 AM</u>	<u>2</u>	<u>6</u>	_____	_____
Ends <u>12:00</u>			_____	
Begins <u>1:15</u>	<u>2</u>	<u>4</u>	_____	_____
Ends <u>3:15</u>			_____	
<hr/>				
Begins <u>9 AM</u>	<u>1</u>	<u>3-1/4</u>	_____	_____
Ends <u>12:15</u>			_____	
<hr/>				
TOTAL INSTRUCTIONAL HOURS WHOLE OR HALF HOURS ONLY			TOTAL INSTRUCTIONAL HOUR WHOLE OR HALF HOURS ONLY	
<u>13</u>			_____	

13. Instructor's Qualifications that highlight their expertise in this specific topic area.
(Append if more than 3 instructors, using the same format as follows.) DO NOT ATTACH C.V. OR RESUMES.

a. Name _____ Degree _____ Year _____
b. Current Position & Location _____
c. Relevant Experience _____

a. Name _____ Degree _____ Year _____
b. Current Position & Location _____
c. Relevant Experience _____

a. Name _____ Degree _____ Year _____
b. Current Position & Location _____
c. Relevant Experience _____

16. Person Responsible for program:
NAME _____ Tel. () _____
MAILING ADDRESS for notification of approval/disapproval:
_____ State _____ Zip _____

15. Person we can contact to clarify or give us more information:
NAME _____ Tel. () _____

16. Person filling out application:
NAME _____ Tel. () _____

17. Date of Application: _____

18. Brochure for workshop attached: Yes _____ No _____

19. Are you requesting any CEU's in ethics? Yes _____ No _____
If so, the course contents must clearly reflect consideration of distinct ethical issues.

